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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

300622000212

In re Application of Chaitan KHOSLA, et al.

Application Number

09/870.012

Filed

May 29, 2001

For: METHODS TO PREPARE ANTIBIOTICS USING MUTANT
SACCHAROPOLYSPORA ERYTHRAEA HOST CELLS
SUPPLIED WITH MACROLACTONES

Art Unit

1652

Examiner

K. Kerr

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952.

~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)	45,193
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December 12, 2003

Date _____

(858) 720-7961

Telephone Number

Brenda J. Wallach
Signature

Signature _____

Brenda J. Wallach

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

SD-175670

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